

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/9/10</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>12</i>	<i>8/3/10</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>135</i>	<i>9-29-10</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	3/8/12
2	3/8/12
3	3/8/12
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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150	3/8/12

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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